

**FAMILY AND MEDICAL LEAVE ACT SURVEY
SHRMC SUBCOMMITTEE ON FMLA**

SECTION I: POLICY/ADMINISTRATION

1. Which does your department/division/agency use as the FMLA cycle?
 - ☐ The calendar year
 - ☐ The fiscal year
 - ☐ A 12-month period measured forward from the date any employee's first FMLA leave begins (For example, an employee's FMLA leave begins on May 1. That employee may then use 12 weeks any time until the following April 30.)
 - ☐ A "rolling" 12-month period measured backward from the date an employee begins any FMLA leave (An employee will have available for use the balance of leave not used during the immediately preceding 12-month period. This is the method specified under PAB rules.)

2. Does your department/division/agency require the use of sick and annual leave to run concurrently with FMLA leave?
 - ☐ Yes
 - ☐ No
 - ☐ Other (Please describe your policy or attach a copy.)

3. Does your department/division/agency require that Workers' Compensation related absences run concurrently with (be designated as) FMLA leave, if the injury qualifies under the FMLA?
 - ☐ Yes
 - ☐ No
 - ☐ Other (Please describe your policy or attach a copy.)

4. How much sick leave do you allow a mother and/or father to use following the birth of a child? _____

5. When sick leave is used by a mother/father following the birth of a child, what documentation is required to use sick leave? _____

6. How much sick leave do you allow a mother and/or father to use following the adoption of a child? _____

7. When sick leave is used by a mother/father for the adoption of a child, what documentation is required to use sick leave? _____

8. Do you have policies/requirements regarding reduction in work schedule requests due to FMLA requests?
- ☐ No – This agency does not allow reduction in work schedules due to FMLA events.
 - ☐ Yes – Reduced work schedules may be arranged with the approval of the supervisor, manager, director, or appointing authority.
 - ☐ Yes – Reduced work schedules may be arranged with approval, and/or the employee may be placed in a different position until the employee has been released to return to a normal work schedule.
 - ☐ Other (please explain) _____

9. Is FMLA applied consistently throughout your department/division/agency?
- ☐ Yes ☐ No

SECTION II: EMPLOYEE ELIGIBILITY

1. Do you consider a direct transfer from another state department/division/agency eligible for FMLA leave if the employee's total continuous state service is at least one (1) year?
☐ Yes ☐ No
2. If yes, do you check the hours-worked requirement to ensure eligibility (1,250 hours worked during the previous 12- month period) before granting FLMA leave?
☐ Yes ☐ No
3. When an employee whose spouse works in another state agency requests FMLA leave for the birth, adoption, or placement for foster care of a child, do you coordinate with the other agency to ensure that only 12 weeks of FMLA leave are used between the two employees?
☐ Yes ☐ No
4. Do you allow employees who are not yet eligible for leave under FMLA to take the same amount of time off as employees who are eligible?
☐ Yes ☐ No
5. Have any employees in your department/division/agency been designated as key or "highly compensated employees," for the purposes of deciding job restoration following an FMLA leave? ☐ Yes ☐ No

SECTION III: QUALIFYING EVENTS/MEDICAL CONDITIONS

1. How does your agency define “serious health condition?” _____

2. How does your agency define “incapable of self-care” for an “adult child” who is 18 years or older? _____

3. Are you coding any absence exceeding three (3) days as FMLA leave?
☐ Yes ☐ No
4. If not, what parameters are you using to determine whether an FMLA qualifying event or medical condition has occurred? _____

5. Does your agency go back and code leave as FMLA after the illness/situation is over if it was overlooked on the onset? ☐ Yes ☐ No
6. Do you provisionally designate FMLA leave at the onset of the qualifying event or medical condition while waiting for the medical certification? ☐ Yes ☐ No
7. Does your agency always require medical certification? ☐ Yes ☐ No
8. If no, under what conditions is medical certification not required? _____

9. How quickly does your agency require medical certification?
☐ By the 16th day after the event has occurred
☐ By the 16th day after medical certification has been requested
☐ Other (Please describe) _____

10. What do you do if an employee does not provide a completed health care certification form within a timely manner? _____

11. Does your department/division/agency require re-certification of the serious medical condition every thirty (30) days? ☐ Yes ☐ No
12. Does your department/division/agency use the health care certification form (or template) provided by the U.S. Department of Labor (US DOL) for FMLA certification, or do you have your own form? (Please attach a copy of form used.)
- ☐ The US DOL Certification of Health Care Provider form is used.
 - ☐ The Certification of Health Care Provider form has been modified for our use.
 - ☐ Our department/division/agency has developed its own health care certification form for use.
13. Does your department/division/agency require prior approval for FLMA leave when the employee knows in advance or the event is “foreseeable?”
- ☐ Yes ☐ No
14. If the event is known in advance and the employee fails to obtain approval, what are the consequences to the employee? _____

15. Do you require the same level of documentation for non-FLMA qualifying versus qualifying FMLA absences? If different, please describe. _____

16. Please indicate whether your department/division/agency considers the following conditions as qualifying under FMLA:
- | | | |
|--------------------|------------------------------|-----------------------------|
| Migraine headaches | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fibromyalgia | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Depression | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
17. Are there other conditions that you would like more information about with regard to how other agencies are handling them (Please list) _____

SECTION IV: NOTIFICATION/TRACKING

1. How quickly does your department/division/agency notify an employee that he/she has been placed on FMLA leave?
 - ☐ Within 2 days of the qualifying event
 - ☐ Within 7 days of the qualifying event
 - ☐ Within 14 days of the qualifying event
 - ☐ Within 30 days of the qualifying event
 - ☐ Other (Please explain) _____
2. When your employees notify their supervisors of absences due to serious illness or injury, do your supervisors provide verbal notification to the employees that their leave may be designated as FMLA leave (with a confirmation letter to follow)? ☐ Yes ☐ No
3. Who in your department/division/agency receives notification and issues FMLA letters to employees when a qualifying event has occurred?
 - ☐ This function is centralized for the department.
List the titles of the employees responsible for receiving notification and issuing letters and where the employees work (i.e. Human Resources).

 - ☐ This function is not centralized for the department.
List the titles of the employees responsible for receiving notification and issuing letters and how the administration is handled (i.e. by division/office, etc.).

4. What type of written notice is being given to employees when a qualifying event or serious medical condition occurs? _____
5. Has the written notification been reviewed to insure that it covers the eight areas required by the regulations? ☐ Yes ☐ No
6. Who in your department/division/agency tracks the use of FMLA?
 - ☐ This function is centralized for the department.
List the titles of the employees responsible for tracking FMLA absences and where the employees work (i.e. Human Resources).

- ☐ This function is not centralized for the department.
List the titles of the employees responsible for tracking FMLA absences and how the administration is handled (i.e. by division/office, etc.).

7. Do you have policies/requirements regarding FMLA intermittent leave requests?

- ☐ No, there are no specific policies/requirements regarding intermittent leave requests.
- ☐ Yes – Intermittent leave is approved as FMLA leave, but the medical necessity and conditions under which intermittent leave is needed must be included on a health care certification form.
- ☐ Other (please explain) _____

8. How does your agency ensure that employees are designating intermittent FMLA leave as such (versus non-FMLA qualifying absences)? _____

9. Does your agency track intermittent FMLA leave so that it is included in the total amount of FMLA leave used by an employee during a 12-month period? ☐ Yes ☐ No

10. Does your agency report FMLA usage to management? ☐ Yes ☐ No

SECTION V: RETURN TO WORK

1. Do you require a work release for all FMLA absences for the employee's own serious health condition? ☐ Yes ☐ No
2. What do you do if the employee does not provide a work release on or before the expected return to work date? _____

3. Do you require the employee to provide an "intent to return" notification prior to the actual return date? ☐ Yes ☐ No

SECTION VI: EXPIRATION OF LEAVE

1. What employment rights are extended to employees after their FMLA leave has expired?

SECTION VII: MISCELLANEOUS

1. Do you notice that marginal employees are using FMLA as a way to avoid discipline or termination? ☐ Yes ☐ No
2. Would you prefer an outside agency to handle FMLA for your agency?
☐ Yes ☐ No
3. Does your agency provide training for supervisors and/or employees on FMLA?
☐ Yes ☐ No